142232

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:								
Estimated average	e burden							
hours per respons	sa 18.00							

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ours per response		m
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SEC USE ON	Υ	

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Golf Video ShowCase, LLC	er crue
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	DEC 2 6 2007
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	186
Golf Video Showcasae, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
P.O. Box 308, Angel Fire, NM 87710 (Mailing Address)	-877-833-3692
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Been Bio. This of Langue Hood This of the Good Bio City Of Ching In Chair at Contagon	-877-833-3692
Brief Description of Business	DDOCECCED
Golf Internet Multimedia Directory	PROCESSED
Type of Business Organization	ase specify): JAN 10 2008
	ase specify):
business trust limited partnership, to be formed LLC	THOMSON
Actual or Estimated Date of Incorporation or Organization: 41 07 Actual Estima	FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	NM
CENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any naterial changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

			A. BASIC IDE	NTI	ICATION DATA				
2. Enter the information re	quested for the fol	lowin	; :				•		
• Each promoter of t	he issuer, if the iss	uer ha	s been organized w	ithin t	he past five years;				
 Each beneficial ow 	ner having the pow	er to v	ote or dispose, or dir	ect the	e vote or disposition (of, 10'	% or more o	f a clas	s of equity securities of the issuer.
Each executive off	icer and director of	f corpo	orate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
Each general and r	nanaging partner o	f partr	ership issuers.						
Check Box(es) that Apply:	✓ Promoter	7	Beneficial Owner	V	Executive Officer	Ø	Director		General and/or Managing Partner
					.				
Full Name (Last name first, i Minard, Richard B.	f individual)								
Business or Residence Addre 28330 US Hwy 64, Eagle	•		City, State, Zip Co	de)					
Check Box(cs) that Apply:	Promoter	Ø	Beneficial Owner	Ø	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		<u> </u>		 		-		
Burch, Nora L.									
Business or Residence Addre 28330 US Hwy 64, Eagle			, City, State, Zip Co	dc)					
Check Box(cs) that Apply:	Promoter	Ø	Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Atkinson, Harold	f individual)								
Business or Residence Addre	ss (Number and	Street,	, City, State, Zip Co	ode)			-		· · · · · · · · · · · · · · · · · · ·
5290 Villa Way # 217 Ed	ina, MN 55436								
Check Box(es) that Apply:	Promoter Promoter	Ø	Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Flaherty, Timothy	f individual)	·							
Business or Residence Addre	ss (Number and	Street	City, State, Zip Co	ode)					
11317 Crooked Lake Blv	d, Coon Rapids	, MN	55433						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)				, , · •· •· · · · · · · · · · · · · · ·				
Business or Residence Addre	ess (Number and	Street	, City, State, Zip Co	ode)	· <u> </u>				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		· · · · · ·						
Business or Residence Addre	ess (Number and	Stree	, City, State, Zip Co	ode)			<u>.</u>		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addre	ess (Number and	Street	, City, State, Zip Co	ode)			<u>-</u>		
	(Use bla	nk she	et, or copy and use	additi	ional copies of this s	heet,	as necessary	<i>(</i>)	

		1788		7. 8.		(ORMA)	unimigi	r olytinj					
I.	Has the	issuer sold	l, or does th	ne issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?		Yes	No □
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												لحا
2.	What is		\$_5,0	00.00									
3.	Does th		Yes □	No ess									
4.	Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, as												3
	commis If a pers or states	sion or sim on to be lis 1, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age culer. If mo	of purchase int of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state sons of such		
Ful	i Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	i Street, C	ity, State, Z	ip Code)						
Nau	ne of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		***********	************	*************	***********	***************************************	☐ At	States
	AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
			IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
	MT RI	NE SC	NV SD	NH TN	TX	NM UT	VT	VA	ND WA	(OH)	OK)	OR WY	PA PR
Ful	l Name (l	Last name	first, if indi	vidual)		<u>_</u>					<u></u> -		
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						<u> </u>
Na	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			· <u> </u>			
	(Check	"All States	ar check	individual	States)		***************************************					☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Ш	(ID
	IL VIE	IN NE	IA NV	(KS)	KY		ME NO	MD	MA ND	MI) OH)	MN	MS OR	MO PA
	MT RI	SC	SD)	NH TN	TX.	MM UT	NY VT	NC VA	WA	WV	OK)	WY	PR
Ful	l Name (Last name	first, if indi	vidual)	···-								
·		Davidana	Address ()	J	d Chart C	St. State !	Zin Cada)						
Dų:	2111C22 OI	Keataciice	Audiess (1	Aumoei an	ia street, C	ity, State, i	cip Code)						
Na	me of As	ociated Br	oker or De	aler	-					· · · · · ·			
Sta	tes in Wh	ich Person	Listed Has	Solicited	er Intends	to Solicit	Purchasers				· · · · · ·		
	(Check	"All States	or check	individual	States)				*************		•••••••••	□ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	Ш
	IL NATI	(IXI)	[ATV]		KY	LA	ME	MD	MA	(MI)		<u>RM</u>	MO PA
	MT RI	NE SC	NV SD	(<u>NH)</u> (<u>TN</u>)	TX	UT	NY VT	NC VA	ND WA	OH WV	(OK)	OR WY	PR

	COMPRESSION OF TWO DESIGNS OF THE STORY OF THE SECOND OF T	sociepati.	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$	0.00	\$_0.00
	Equity		\$
	Common Preferred		
	Convertible Securities (including warrants)		s
	Partnership Interests		\$
	Other (Specify Membership Certificates)		
	Total	998,000.00	\$ 60,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		4
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors	2	\$ 60,000.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	Member Cert	\$_60,000.00
	Regulation A		<u> </u>
	Rule 504		\$
	Total		\$ 60,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	Z	\$ 200.00
	Legal Fees	Z	\$ 3,000.00
	Accounting Fees	[2]	\$ 8,000.00

\$ 3,000.00

\$ 2,000.00

16,200.00

Ø

Sales Commissions (specify finders' fees separately).....

Other Expenses (identify) Misc Professional Fees

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	duestion 4.a. This difference is the "adjusted gros	ss	981,800,0 s.
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part 6	purpose is not known, furnish an estimate an he payments listed must equal the adjusted gros	d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		[] \$_285,000.00	2 □ s
	Purchase of real estate		. 2 \$ 8,000.00	_ 🗆 \$
	Purchase, rental or leasing and installation of mach and equipment	inery		_ 🗆 \$
	Construction or leasing of plant buildings and facil	ities	🔲 \$	_ 🗆 \$
	Acquisition of other businesses (including the valu- offering that may be used in exchange for the asset- issuer pursuant to a merger)	s or securities of another	. □\$	s
	Repayment of indebtedness		_	_
	Working capital		🔲 \$	_ 🗆 \$
	Other (specify): One-time technology licensing for	ee to National Computer Resources, Inc	250,000.00	<u> </u>
			\$	s
	Column Totals		\$_558,000.00	\$_0.00
	Total Payments Listed (column totals added)		<u>□</u> \$ <u>-</u>	58,000.00
_		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Comm	ission, upon writte	
lss	ucr (Print or Type)	Signature	Date	
G	olf Video Showcase, LLC	None I / Suit	12/19/2007	
Va	me of Signer (Print or Type)	Title of Signer (Print or Type)		
ю	ra L. Burch	Chief Financial Officer		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presoprovisions of such rule?	ionity secject to any or the disquarries.	No ⊠
	Sec A	appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required	rnish to any state administrator of any state in which this notice is filed a notice by state law.	on Form
3.	The undersigned issuer hereby undertakes to fu issuer to offerees.	urnish to the state administrators, upon written request, information furnish	ed by the
4.		per is familiar with the conditions that must be satisfied to be entitled to the le in which this notice is filed and understands that the issuer claiming the aving that these conditions have been satisfied.	
	uer has read this notification and knows the content athorized person.	its to be true and has duly caused this notice to be signed on its behalf by the und	iersigned
Issuer ((Print or Type)	Signature /// Date	
Golf Vid	deo Showcase, LLC	Nove / Jun 12/19/2007	
Name ((Print or Type)	Title (Print or Type)	

Chief Financial Officer

Instruction.

Nora L. Burch

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Type of sc curity Intend to sell and aggregate to non-accredited investors in State Type of investor and investors in State offered in state under State under State (if yes, at explanation waiver great to non-accredited offered in state under State (if yes, at explanation waiver great to non-accredited investors in State under State (if yes, at explanation waiver great to non-accredited investors in State under State (if yes, at explanation waiver great to non-accredited investors in State under State (if yes, at explanation waiver great to non-accredited investors in State under State (if yes, at explanation waiver great to non-accredited investors in State under State (if yes, at explanation waiver great to non-accredited investors in State under State (if yes, at explanation waiver great to non-accredited investors in State under State under State (if yes, at explanation waiver great to non-accredited investors in State under State under State (if yes, at explanation waiver great to non-accredited investors in State under State under State (if yes, at explanation waiver great to non-accredited investors in State under State under State (if yes, at explanation waiver great to non-accredited investors in State under State			DINDER					
State Yes No	Disqualification under State ULOE (if yes, attach explanation of	f investor and irchased in State		Type of security and aggregate offering price offered in state	to sell ccredited s in State	Intend to sell to non-accredited investors in State		
AK	credited	Non-Accredited	Amount	Accredited		No	Yes	State
AZ			<u> </u>					AL
AR								AK
CA								AZ
CO								AR
CT DE								CA
DE				•				СО
DC								СТ
FL								DE
GA								DC
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MN Member Certificate 2 \$60,000.00								MI
<u> </u>	\$60,000.00	2			Member Certificate		×	MN
MS S								MS

						ND X					
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of se and aggr offering p offered in (Part C-Ite	egate rice state		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО							75				
МТ											
NE											
NV											
NH											
NJ											
NM											
NY											
NC								_			
ND						•					
ОН											
ОК											
OR											
PA											
RI											
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SD											
TN											
ТХ											
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VA											
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	to non-a investor	to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											